

Entered - 02/17/04- sb
CL - 04L0103 LISA CARTER

CLAIM OF: ASHLEY BRASWELL
6675 S. Dillion Road
Austell, Georgia 30168

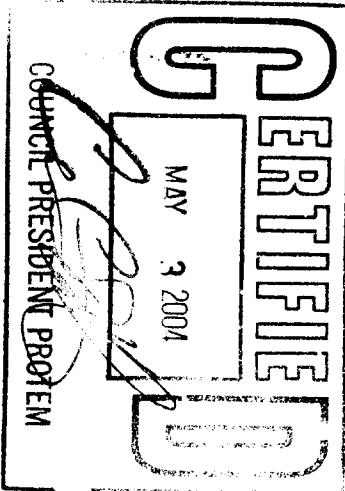
04-R-0691

For damages alleged to have been sustained as a result of striking a sewer manhole on January 17, 2004 at Donald Lee Hollowell Parkway, NW and Maynard Road, NW.

THIS ADVERSED REPORT IS
APPROVED

BY:

JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

LEGAL COUNCIL COMMITTEE

DATE: 4/27/04

CHAIR: [Signature]

[Signature]

[Signature]

[Signature]

[Signature]

ADVERSED

MAY 03 2004



**CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK**

**RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK**

May 10, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30303
(404) 330-6033
FAX (404) 658-6273

Ashley Braswell
6675 S. Dillion Rd
Austell, GA 30168

04-R-0691

Dear Ms. Braswell:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on December 01, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0103

Date: April 13, 2004

Claimant /Victim ASHLEY BRASWELL

BY: (Atty) (Ins. Co.) _____

Address: 6675 S. Dillion Road Austell, Georgia 30168

Subrogation: _____ Claim for Property damage \$ 3,008.13 Bodily Injury \$ _____

Date of Notice: 02/06/04 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 01/17/04 Place: Donald Lee Hollowell Parkway, NW and Maynard Road

Department _____ Bureau: _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained damages as a result of striking a recessed manhole at Donald Lee Hollowell, NW and Maynard Road. However, an investigation determined that Roland Pugh Contractors was working at this location and is responsible for the claimant's damages. The claimant has been advised to pursue her claim with Roland Pugh Contractors.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

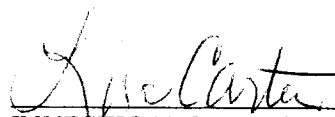
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

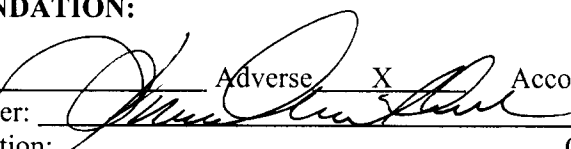
Respectfully submitted,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02/15/04

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

FEB 06 2004

RE: CLAIM FOR DAMAGES

Today's Date:

ENTERED - 2-17-04 - SB
04L0103 - LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 3008.13 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 01-17-04 2. Time of Incident: 1:00 AM 3. Police called: NO
(month/day/year) Yes No
4. Location of incident (including street address): AT DONALD LEE HOWELL RD NW AT MAYNARD CT NW
5. Name of your insurance company: GEICO Policy No. 188 07070
6. State what and how incident occurred: I WAS DRIVING WEST ON DONALD LEE HOWELL AND STRUCK A BIG POT HOLE WITH A SMALL STEEL COVER PROTRUDING FROM THE PAVEMENT (PLS NOTE PHOTOS) I HAVE SUSPENSION WHEEL & TIRE DAMAGE RESULTING FROM INCIDENT. ALL TIRE & WHEEL DAMAGE ARE ON DRIVER FRONT & REAR.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: CAD RANGER 1998 BVA 7069 ASHLEY BRASWELL
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: CARL HAIR (770) 944-1429
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

ENCLOSED:

3 PHOTOS of POT hole / man hole
LOCATION

6 PHOTOS TIRE & WHEEL DAMAGE

ASHLEY BRASWELL
(Print Claimant's Name)

6675 S. DILLON RD
(Address)

AUSTELL GA 30168
(City, State and Zip Code)

(4) 759-9596 (6) 945-4468
(Work Number) (Home Number)

04-R-0691